U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For O	fficial Use On OL & Rec'd
	(MAY192006)
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - [478]	2. Fiscal Year Covered From:				
	1 / 1 / 2005 Through: 12 / 31 / 2005				
3. Name and address of person filing.	Name, file number, and address of labor organization.				
Name KELLY DIERKES —	Name IRONWORKERS LOCAL UNION #549				
	Labor Organization File Number 052-643				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street 45565 STATE ROUTE 78	Street 2350 MAIN STREET				
City WOODSFIELD	City WHEELING				
State Ohio ZIP Code + 4 43793	State West Virginia ZIP Code + 4 26003				
5. Position in labor organization. LOCAL UNION 'TRUSTEE					
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	on represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name N/A					
Trade Name, if any: (
P.O. Box, Bldg., Room No., if any					
	7.b. Amount.				
Street [
City City	\$0				
State ZIP Code: +4					
Sign	nature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
Signed Kolly C. Diches	On 5/15/06 (740)472-0832 Telephone Number				
L					

Name of Person Filing KELLY DIERKES	File Number U-	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including trade name, if any).	9. Business deals with:			
Name N/A	Г 1			
Trade Name, if any:	a. Labor Organization	•		
P.O. Box, Bldg., Room No., if any	c. Employer			
Street	[] G. Employer			
City State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. SEE ATTACHMENT			
Name IRONWORKERS LOCAL UNION #549				
Trade Name, if any:		() 		
P.O. Box, Bldg., Room No., if any				
Street 2350 MAIN STREET	11.b. Approximate dollar value of such dealing.	\$3,456		
City WHEELING	12.a. Nature of interest held or income received.			
State West Virginia ZIP Code + 4 26003				
	12.b. Amount.	\$0		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.			
Name N/A				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code = 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$0		

KELLY DIERKES

SCHEDULE B ATTACHMENT

KELLY DIERKES ATTENDED THE INTERNATIONAL FOUNDATION CONFERENCE AS A TRUSTEE OF THE LOCAL 549/550 PENSION FUND, LOCAL 549/550 MEDICAL AND BENEFIT PLAN, AND LOCAL 549/550 SECURITY PLAN. THESE EMPLOYEE BENEFIT PLANS REIMBURSED THE TRUSTEE'S EXPENSES.

KELLY DIERKES ALSO ATTENDED QUARTERLY BOARD OF TRUSTEE MEETINGS FOR THE LOCAL 549/550 PENSION FUND, LOCAL 549/550 MEDICAL AND BENEFIT PLAN, AND LOCAL 549/550 SECURITY PLAN. THESE EMPLOYEE BENEFIT PLANS REIMBURSED THE TRUSTEE'S EXPENSES.

BODKIN WILSON & KOZICKI PLLC

CERTIFIED PUBLIC ACCOUNTANTS

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May 15, 2006

U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards 200 Constitution Avenue, NW, Room N-5616 Washington, DC 20210

To Whom It May Concern:

Enclosed are the 2005 LM-30's for the Ironworkers Local Union #549 for the following officers and/or employees of the Local:

Kelly Dierkes Samuel Yoho

If you have any questions, please do not hesitate to contact our office.

Very truly yours,

BODKIN WILSON & KOZICKI PLLC

oh#S. Bodkin, Jr

JSBjr:ats Enclosures

ce: Mr. Bill Dean

M: AUDITS fromworkers Local LM-30 & LM-10/2005/2005~LM-30-Cover Letter doc